



## **Iowa Wellness Plan Quarterly Report 1115 Demonstration Waiver**

January 1, 2014 – March 31, 2014  
April 30, 2014

## Table of Contents

I.	EXECUTIVE SUMMARY .....	3
II.	SIGNIFICANT ACTIVITIES OF THE QUARTER.....	4
1.	Transition and Implementation Activities.....	4
2.	Stakeholder Concerns.....	4
3.	Significant Events.....	5
4.	Legislative Developments.....	6
III.	ELIGIBILITY/ENROLLMENT.....	6
1.	Quarterly Enrollment.....	6
2.	Targeted Populations .....	7
IV.	ACCESS/DELIVERY .....	9
V.	COMPLAINTS/GRIEVANCES/APPEALS .....	9
1.	Complaints/Grievances.....	9
2.	Appeals/Exceptions .....	10
VI.	BUDGET NEUTRALITY/FISCAL ISSUES.....	10
VII.	FUTURE PLANNING .....	10
1.	Dental Wellness Plan Planning and Implementation.....	10
2.	Healthy Behaviors Program.....	11
3.	Evaluation Design .....	11
4.	Department of Corrections Enrollment Process.....	11
VIII.	ADDITIONAL INFORMATION.....	11
	ATTACHMENTS.....	12

## I. EXECUTIVE SUMMARY

In December 2013, CMS approved the Iowa Health and Wellness Plan (IHAWP) as the state's approach to expand Medicaid under the Patient Protection and Affordable Care Act (ACA). The IHAWP is comprised of two distinct 1115 waiver programs. Individuals are eligible for a program based on standing relative to the Federal Poverty Level (FPL):

1. The Iowa Wellness Plan (IWP) – Covers individuals ages 19 through 64 with income up to and including 100 percent of the FPL. In this plan, coverage is administered directly through the state Medicaid agency, the Iowa Medicaid Enterprise (IME).
2. The Iowa Marketplace Choice Plan (MPC) – Also covers ages 19 through 64, but with income from 101 percent of the FPL up to 133 percent of the FPL. This plan employs premium assistance to purchase qualified health plans (QHP) from the Healthcare Marketplace established under the ACA.

In the months leading up to the January 1, 2014 effective date of coverage, the IME worked closely with CMS and various stakeholders to craft, clarify and communicate details of the plans and submit the waivers for approval. During the first quarter of 2014, the state continued to receive guidance and technical assistance from CMS to assist with implementation efforts and satisfy the Special Terms and Conditions (STCs) for the plans. Despite the ongoing challenges of reconciling important legislative details with federal program constraints, the state marked several key achievements of the IHAWP program in the first quarter of operation including:

- Finalization of State Plan Amendments for the Alternative Benefit Plan
- Outreach to members and other community stakeholders to assist with IHAWP program awareness and education
- Collaboration with the two statewide QHPs available under the program: CoOpportunity Health and Coventry Health Care of Iowa, to finalize implementation activities
- Reporting of monthly monitoring activities to CMS
- Planning for future related projects details including: the Healthy Behaviors Reward Program, coordination with the Department of Corrections for IHAWP enrollment, program Evaluation Design, and the Dental Wellness Program

Following this letter is a detailed report of key activities and statistics for the first quarter of the program's operation consistent with the STCs. Do not hesitate to contact me at 515-256-4621 or [jvermee@dhs.state.ia.us](mailto:jvermee@dhs.state.ia.us), or Deanna Jones at 515-256-4652 or [djones1@dhs.state.ia.us](mailto:djones1@dhs.state.ia.us) should you have any questions about this report or any other aspects of the new programs.

Sincerely,



Jennifer Vermeer  
Director  
Iowa Medicaid Enterprise

## **II. SIGNIFICANT ACTIVITIES OF THE QUARTER**

### **1. Transition and Implementation Activities**

#### **A. Member Transition**

Former IowaCare members with verified incomes up to 133% of the FPL were administratively transferred to the appropriate coverage group within the IHAWP. This process was used to ensure a smooth transition for IowaCare members and avoid any interruption in healthcare coverage. Former IowaCare members with incomes above 133% (11,453 members) were notified of the expiration of the IowaCare program and advised how to seek coverage through the federal Health Insurance Marketplace. Attachment 1 contains the full IowaCare Transition Plan submitted to CMS, while attachment 2 details the administrative transfer numbers by county. Below is the distribution of IowaCare members transferred into an IHAWP coverage group effective for coverage on January 1, 2014:

Coverage Group	January 2014
Marketplace Choice	8,703
Wellness	42,968
Total	51,671

- In the fall of 2013, the Iowa Medicaid Enterprise (IME) established a new DHS Contact Center to specifically support the IHAWP enrollment and related ACA implementation issues. This support center responds to inquiries from internal department staff, such as field workers, as well as providing external customer support including phone based enrollment applications and inquiries about new and existing programs. The call center was instrumental in supporting many individuals through the transition process during the first quarter in 2014.

#### **B. Provider Transition**

In 2013, all contracted Medicaid network providers were informed about the phase out process of the IowaCare program. In addition, the state held a series of weekly meetings with the IowaCare Steering Committee to discuss details of the transition process, the transfer of IowaCare members to the IHAWP and trouble shoot. More information about these activities included in the transition plan (Attachment 1).

### **2. Stakeholder Concerns**

The implementation of the IHAWP has brought about questions and raised issues from a variety of perspectives. In particular, the IME has seen confusion over the delivery of benefits through two different waiver programs, the Wellness Plan or the Marketplace Choice Plan. To address the confusion with the providers and other

stakeholders, IME developed and delivered numerous training sessions, webinars, communications, training documents and tool kits.

Another common concern raised has been eligibility verification and understanding of benefits. Providers have often been unsure of how benefits of the new plans may differ from other Medicaid programs. In response to these issues, the IME conducted extensive outreach and education to the provider community; that outreach will continue. The IME works daily with providers on various problems through inbound call center support and targeted outreach. Other concerns expressed from stakeholders in the form of public comments are listed below.

- Consideration for the inclusion of non-emergency medical transportation (NEMT) for future program years.
- Questions on the use of the QHP formularies for those enrolled in the MPC. Stakeholders wish to ensure members have access to a comprehensive formulary regardless of program enrollment.
- Concern about the contracting and reimbursement process for the QHPs. The IME does not play a role in this process as the QHPs are regulated by the Iowa Insurance Division (IID).
- Several concerns regarding the application of the estate recovery program to those enrolled in the IHAWP have been raised. The IME is applying the program in accordance with Iowa's estate recovery law for Iowa Medicaid members, established in 1994.

### **3. Significant Events**

#### **A. Member Transition**

- The IHAWP has received press coverage from the inception of the program throughout the implementation process. Additionally, press releases have been drafted and distributed specifically addressing the enrollment process and enrollment periods (see Attachment 3 for sample release), as the IHAWP relates to the Health Insurance Marketplace.
- Specific elements of the IHAWP also received press coverage, such as the estate recovery program and enrollment through HealthCare.gov.
- National news attention has been achieved based on the innovative design of the IHAWP waivers as an option to Medicaid expansion.

#### **B. Advocacy Groups and Community Outreach Activities**

- The IME developed a communication plan to effectively inform stakeholders and community partners about activities related to the IHAWP. This plan includes weekly email communications for the purpose of sharing new documents and member materials, and update stakeholders on key developments. Approximately 700 individuals subscribe to the weekly updates.
- Since the fall of 2013, a wide variety of stakeholders and community partners have requested informational meetings, panels, and presentations about the IHAWP. The Iowa Department of Human Services has also participated and supported the IID on training grant recipients who focus on outreach and enrollment. In the first quarter of 2014, informational sessions, trainings, and public meetings related to the IHAWP have been held with the following entities:
  - Magellan Behavioral Health Providers

- Iowa Department of Human Rights, Refugee Services (multiple events)
- Iowa Community Action Agencies (events in multiple locations statewide)
- Proteus, Inc., Outreach and Enrollment Staff
- Iowa Hospital Association
- ISED Ventures
- One Iowa Education Fund
- Latino Forum of Des Moines
- AmeriCorps
- Linn County Outreach Partnership (monthly events)
- Broadlawns Medical Center Outreach and Enrollment Staff
- Iowa Caregiver's Association
- Primary Health Care Outreach and Enrollment Staff (multiple events)
- Iowa Primary Care Association (multiple events)
- Mercy Oncologists of Des Moines Outreach and Enrollment Staff
- Mental Health and Disability Services Regional Teams
- Iowa State Association of Counties
- Patient Centered Health Advisory Council
- Iowa County Supervisors

### **C. Advocacy Groups and Community Outreach Activities**

Members continue to receive educational information about the IHAWP through their initial welcome and enrollment packets. The packets contain information on the program and available primary care providers or health plans, based on program enrollment (see Attachment 4 for IWP sample enrollment packet).

### **4. Legislative Developments**

Legislative activities consisted of finalization of rules for the IHAWP, effective January 1, 2014. These rules include language consistent with the amended STCs for the Marketplace Choice and the Wellness Plans approved by CMS on February 26, 2014 (see Attachment 5). The state is in the process of drafting rule amendments to reflect additional requirements in the STCs including the new Dental Wellness Plan delivered through a prepaid ambulatory health plan (PAHP) framework scheduled for implementation on May 1, 2014.

## **III. ELIGIBILITY/ENROLLMENT**

### **1. Quarterly Enrollment**

The overall IHAWP population has grown significantly during the first quarter. The Iowa Wellness component increased over the quarter by 29 percent with an ending total of 66,707.

When members are determined eligible for this coverage group, they initially receive services in the fee-for-service plan (FFS), and later have an opportunity to choose a primary care case manager or provider under the HMO (if available in that county). As of March 31, over 5,152 persons were enrolled with the HMO and over 37,434 were enrolled with a PCCM. The remaining members were in the process of

selecting a provider or reside in a county without PCCM or HMO availability. IWP enrollment totals by county can be found at:  
[http://www.dhs.state.ia.us/uploads/IHAWPEnrollment%20Maps\\_March2014.pdf](http://www.dhs.state.ia.us/uploads/IHAWPEnrollment%20Maps_March2014.pdf)  
 Additional enrollment information by demographic components will be provided in future quarterly reports when available.

The large, initial enrollment numbers was primarily due to the administrative transfer of about 50,000 IowaCare members into the IHAWP coverage. Other contributing factors include successful stakeholder education and outreach and enrollment assistance through certified application counselors, navigators, and local Iowa Department of Human Services offices. Monthly enrollment totals for the IHAWP are shown below.

Plan/Coverage Group	January	February	March
Marketplace Choice	11,685	14,293	16,703
Wellness	51,672	59,162	66,707
Presumptive IHAWP*	388	425	458
Total	63,745	73,880	83,868

\*Presumptive IHAWP – Members are defaulted to the Wellness Plan until plan/provider assignments are established.

## 2. Targeted Populations

The state identifies specific population groups enrolled in the IHAWP to ensure their health care needs are met in accordance with the STCs. These groups consist of: (1) Nineteen and twenty year-olds, (2) American Indian/Alaskan Natives, and (3) the medically exempt (frail). IWP enrollment for these groups is indicated below.

Population Group	January	February	March
19-20 Year-old	44	457	1,519
American Indian/Alaskan Native	428	561	688
Medically Frail	2,536	2,803	3,189
Total	3,008	3,821	5,396

### A. Nineteen/Twenty Year-olds

The IME conducts outreach to members and providers to ensure they are aware that all EPSDT services are covered for members under age 21; this is done under a contract with the Iowa Department of Public Health (IDPH), as with other Medicaid groups. At the end of March 2014, members in this age group totaled 429. All members in the IHAWP receive information about coverage for EPSDT services in their enrollment packets (Attachment 4). Detailed information for

providers is available in an Informational Letter at:

<http://www.dhs.state.ia.us/uploads/1363%20Iowa%20Marketplace%20Choice%20and%20EPSDT%20Services.pdf>

## **B. American Indian/Alaskan Natives**

Individuals identified as American Indian/Alaskan Natives (AI/AN) and meet eligibility for the IWP totaled 688 at the end of March 2014.

## **C. Medically Exempt**

Medically exempt (frail) individuals as defined by 42 CFR 440.315, represented 3,189 members in the IWP at the end of March 2014. If an individual is determined by IME to be exempt, the member will be enrolled in the Medicaid state plan and will have the option to remain in the Alternative Benefit Plan known as the IWP. As of March 31, 2014, no members identified as medically exempt elected to enroll in the IWP. The state's methodologies for identifying these individuals are described below.

### **▪ Self-attestation**

All IowaCare members who were administratively transferred to the IHAWP received a survey allowing members to self-attest to their medical conditions/status. Members who enroll through the regular application process are also sent this self-attestation survey if they provided affirmative answers to either of two questions on the single-streamlined application regarding: (1) receipt of Social Security income (2) and/or having a physical, mental, or emotional health condition that causes limitations in activities of daily living.

The notice indicates that completion of the survey is voluntary and their responses may result in a change of their benefits plan to best fit their coverage needs. Members are directed to the IME's Member Services Unit for any questions.

When the member completes and returns the questionnaire, their responses will be scored based on a weighted scoring algorithm to determine if the member meets the criteria of an exempt individual. The member can return this form at any time for a determination of their status. The member will remain in their assigned plan (Iowa Wellness or Marketplace Choice plan) if the form is not returned.

### **▪ Provider Referrals**

The IME has also created a referral form to be used by providers or other entities that have a relationship with the member. The form will ask for attestation of the conditions that qualify a person as an exempt individual. Upon receipt of this form, it is reviewed by the IME to determine whether the individual meets the criteria for medical exempt status. A copy of this form is available online at:

[http://www.dhs.state.ia.us/uploads/Medically%20Exempt%20Attestation%20and%20Referral%20Form\\_FINAL\\_12092013.pdf](http://www.dhs.state.ia.us/uploads/Medically%20Exempt%20Attestation%20and%20Referral%20Form_FINAL_12092013.pdf)



During the first quarter of 2014, the IME educated providers and stakeholders around the basis for the medically frail/exempt coverage and the processes for that determination as the concept had initially caused some confusion. The IME created a tool kit to assist in training and program understanding, including supporting educational materials. Education continues for specific groups and the IME plans to perform additional outreach as needed. See educational resources below.

Medically Exempt toolkit:

<http://www.dhs.state.ia.us/uploads/Medically%20Exempt%20Toolkit.pdf>

Webinar Presentation:

[http://www.dhs.state.ia.us/uploads/IHAWP\\_MedExempt\\_ToolkitTrainingWebinar.pdf](http://www.dhs.state.ia.us/uploads/IHAWP_MedExempt_ToolkitTrainingWebinar.pdf)

FAQ from Webinar:

[http://www.dhs.state.ia.us/uploads/Medically%20Exempt\\_FAQ\\_March2014.pdf](http://www.dhs.state.ia.us/uploads/Medically%20Exempt_FAQ_March2014.pdf)

The table below shows the count of IWP members who were determined to be medically exempt beginning November 2013 through March 2014.

Method of Determination	January	February	March
Member Survey	2,391	2,487	2,858
Provider Referral	145	316	331
Total	2,536	2,803	3,189

#### **IV. ACCESS/DELIVERY**

Access/Delivery – Members in the IWP have access to a state-wide provider network. See Attachment 6 for maps that provide more details by county and PCCM (Wellness Plan Managed Care), HMO, or FFS.

#### **V. Complaints/Grievances/Appeals**

##### **1. Complaints/Grievances**

IHAWP members have access to IME's Member Services Call Center to express their concerns about the program. This call center provides assistance with questions or concerns members have about their coverage. During first quarter, the IME received a low number of complaints with the majority consisting of basic questions about MPC benefits. Call Center staff were able to resolve all issues with members during the calls. A summary of these complaints is provided below.

Complaint Type	January	February	March
Benefits and Services	0	10	11

Access	0	0	1
Substance Abuse/Mental Health Access	0	0	0
Quality of Care	0	0	0
Medical Provider Network	0	0	5
Premiums and Cost Sharing	0	0	0
Healthy Behaviors	0	0	0
Non-emergency Medical Transportation	0	0	0
EPSDT Services	0	0	0

## 2. Appeals/Exceptions

During first quarter a total of 6 exceptions to Medicaid policy were requested by IWP members. Three of the exceptions were approved by the IME as being medically necessary services and covered under the IWP. The remaining exceptions involved non-covered services and were denied for consideration of payment.

## VI. Budget Neutrality/Fiscal Issues

During first quarter, the state did not encounter any financial issues related to the IWP.

## VII. Future Planning

### 1. Dental Wellness Plan Planning and Implementation

The state worked with Delta Dental of Iowa to develop the Dental Wellness Program (DWP), under a prepaid ambulatory health plan (PAHP) structure which is expected to become effective May 1, 2014. The following DWP related activities took place during first quarter.

- Development of the Benefit Design – The IME, the Iowa Dental Association, and a group of dental providers collaborated to finalize a set of core benefits that include preventive, stabilization and emergency services. Members can earn enhanced benefits if they have an initial exam and a follow-up visit within six to twelve months. Enhanced benefits include services such as restorations, root canals, non-surgical gum treatment and some oral surgery. A member can earn enhanced plus benefits if they have a second recall visit within six to twelve months after the first recall visit. Enhanced plus benefits include crowns, tooth replacements (bridge and partials) and gum surgery.
- Provider recruitment – Delta Dental began provider recruitment and as of March 21, 2014, had 265 signed contracts.
- Member and Community Outreach – Delta Dental collaborated with the state and submitted an outreach and implementation plan. A presentation was given to both Iowa House and Senate Human Resource Committees on March 5, 2014. Community stakeholder meetings began March 31, 2014.

- Operations and Staffing – Delta Dental continues work on the development of systems and operating processes and procedures, and staff recruitment

## **2. Healthy Behaviors Program**

The state continues work on the Healthy Behaviors Program and conducted planning activities to release a Request for Information for availability to vendors interested in developing a rewards incentive system. In accordance with STC 24, the IME submitted the Healthy Behaviors Premiums Protocols (see Attachment 7) that describes the state's plan for implementing Healthy Behavior Incentives and Premiums Protocols. See Attachment 8 to view the Healthy Behaviors Rewards White Paper that outlines the state's approach for the program.

## **3. Evaluation Design**

The University of Iowa Public Policy Center (UIPPC) was chosen by the state to deliver the evaluation of the IHAWP. During first quarter the state and the UIPPC received guidance from CMS on the requirements of the Evaluation Design as outlined in the STCs. On February 28, 2014, the IME submitted the draft Evaluation Design to CMS for review and comment. In the second quarter, the IME will submit a final Evaluation Design based upon CMS responses. A separate evaluation design for the DWP will be necessary as well.

## **4. Department of Corrections Enrollment Process**

The state and the Department of Corrections have formed workgroups to assist individuals transitioning out of the corrections system to obtain access to health care. This interagency team is developing a special process that will allow individuals to apply for Medicaid while still incarcerated. The goal is to have as many individuals enrolled so they are able to access health care services upon release. This includes an emphasis on identification of medically exempt, as many in this population need the more robust mental health and substance abuse benefit available under that designation. A pilot for this project is anticipated to begin on April 28, 2014.

## **VIII. Additional Information**

Please contact Deanna Jones at 515-256-4652 or [djones1@dhs.state.ia.us](mailto:djones1@dhs.state.ia.us), if there are any other materials or suggestions CMS would like to see for IWP related activities during the first quarter 2014 or on future quarterly reports.

**Attachments**

1. IowaCare Transition Plan
2. IowaCare Transfers to IHAWP
3. Sample Press Release
4. Sample IWP Enrollment Packet
5. IHAWP Iowa Administrative Rule 2014
6. IHAWP Network Access
7. Healthy Behaviors – Premium Protocols
8. Healthy Behaviors Program – Rewards White Paper